

Carlisle Swimming Lesson Permission Slip

I, _____ give permission for my son/daughter,
_____ to participate in swimming lessons at the Carlisle
Aquatics Center.

Parent's Signature

Swimming Lessons Program
Session Dates: June 5th -June 8th & June 12th June 15th
8 Lessons Monday – Thursday
(Fridays will be make-up days if needed)

11:30 A.M. to 12:15 P.M.

OR

12:15 P.M. to 1:00 P.M.

PLEASE CIRCLE YOUR LESSON TIME CHOICE

Name: _____ Birth date: _____
Address: _____ City: _____
State & Zip Code: _____ Phone: _____
Emergency # _____ Emergency Name _____
Cell Phone: _____ Cell Phone: _____

Please circle the skill level that best describes your child's ability:

Beginner - Beginning swimmer, get familiar with the water, learn basic strokes
Intermediate - Intermediate level, learn new strokes
Advanced - Advanced level, stroke perfection

If your child needs to be moved, we will move him/her accordingly.

The cost is \$33.00. Please make checks payable to the City of Carlisle.

Carlisle Swimming Lesson Permission Slip

I, _____ give permission for my son/daughter,
_____ to participate in swimming lessons at the Carlisle
Aquatics Center.

Parent's Signature

Swimming Lessons Program
Session Dates: June 19th - June 22nd & June 26th - June 29th
8 Lessons Monday – Thursday
(Fridays will be make-up days if needed)

11:30 A.M. to 12:15 P.M.

OR

12:15 P.M. to 1:00 P.M.

PLEASE CIRCLE YOUR LESSON TIME CHOICE

Name: _____ Birth date: _____
Address: _____ City: _____
State & Zip Code: _____ Phone: _____
Emergency # _____ Emergency Name _____
Cell Phone: _____ Cell Phone: _____

Please circle the skill level that best describes your child's ability:

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